



TEXAS DEPARTMENT OF HEALTH
AUSTIN, TEXAS
INTER-OFFICE MEMORANDUM

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Herman Horn, Chief, Bureau of Regional/Local Health Operations

FROM: Barbara Keir, Director
Division of Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: February 18, 2000

SUBJECT: Clarification on purchase of manual breast pumps

The purpose of this memo is to clarify the procedure local agencies must use for purchasing manual breast pumps indicated in memo #99-154. The State Agency is currently in the process of purchasing manual pumps. This purchase should be completed by Summer 2000. Once the State purchase of manual pumps is completed, local agencies will order all electric and manual breast pumps and collection kits from the State Agency.

According to your fiscal year 2000 contract, you cannot use Nutrition Services and Administration (NSA) funds for the purchase of breast pumps and collection kits. In order to be reimbursed with food grant funds, local agencies must report and bill the State Agency for the following items:

- Manual breast pumps
 - Purchase good quality manual pumps, like Medela or Hollister.
 - Cost must not exceed \$20.00 per pump.
 - Do not order more than a six month supply.
- Collection kits for electric breast pumps that you have already purchased with administrative funds
- Existing electric breast pump rental agreements. All rental agreements must be terminated when contracts are complete.

Use the following procedures to bill the State Agency:

1. **Notify Joy Counce by e-mail or fax, joy.counce@tdh.state.tx.us, (512) 458-7441, once the purchase order has been awarded at your local agency. Include the following information:**
 - ▶ item(s)
 - ▶ quantity
 - ▶ unit cost and aggregate dollar amount
 - ▶ date of award of purchase order
2. **Local agency breast pump costs must be paid and billed to the state office within 90 days of the purchase order date in order to report the food expenditure in the appropriate issue month. This is a USDA requirement.**
3. **As referenced in your FY 2000 contract Section I, item (K) you must identify the number and cost of the breast pumps separately on the face of your claim for reimbursement (State of Texas Purchase Voucher, Form B-13). You may bill for these food costs as part of your normal monthly request for reimbursement in order to meet the required time frame listed above. List the breast pump cost as per the attached example. If billing for breast pump costs as part of your monthly request for reimbursement will jeopardize the 90-day window, you must submit a separate voucher within the prescribed time frame.**

All other reasonable and necessary costs required to promote and support breastfeeding must continue to be paid with your local agency's administrative funds. Examples include, but are not limited to:

- Breast pump maintenance and sanitation costs. Maintenance costs include the cost of preventive maintenance services and repairs for pumps previously purchased with NSA funds.
- Space required to store breast pumps and auxiliary equipment.
- The cost associated with providing or conducting breastfeeding training.
- The purchase of breastfeeding aids such as breast shells, supplemental nursing systems, nursing bras and pads.

If you have any questions about the purchase of breastfeeding pumps or supplies, please contact Tracy Erickson at (512) 458-7111, extension 3409. If you need assistance with your billing procedures, contact Joe Serrano at (512) 458-7444, extension 7641.

Attachment

DO NOT STAPLE OR WRITE
IN THIS SPACE.
BARCODE LABEL HERE.

STATE OF TEXAS
PURCHASE VOUCHER

Page 1 of 1

1. Archive reference number		2. Agency number 501		3. Agency name TEXAS DEPARTMENT OF HEALTH				4. Current document number															
5. Effective date				6. Order (document) date		7. Due date		8. Doc Agency 501															
Payee identification number 174 6000 4207002				10. PDT		11. PCC		12. Requisition number		13. Document amount 180,186.96													
4. Payee name/address				15. GSC order number		17. AGENCY USE																	
				16. Lease number		Fund		Budget		Cat. Service Date (Fiscal Use Only) Activity code													
						General or Program																	
18. SFX 001		Ref Doc		SFX		M		TC		index		PCA		AY		COBJ		AOBJ		AMOUNT		R	
		APPN		Fund		NACUBO Sub-Fund		Grant number		Grant year/phase		Project number		Project phase		Contract number		Multipurpose code					
		Invoice number		Description																			
18. SFX 002		Ref Doc		SFX		M		TC		index		PCA		AY		COBJ		AOBJ		AMOUNT		R	
		APPN		Fund		NACUBO Sub-Fund		Grant number		Grant year/phase		Project number		Project phase		Contract number		Multipurpose code					
		Invoice number		Description																			
18. SFX 003		Ref Doc		SFX		M		TC		index		PCA		AY		COBJ		AOBJ		AMOUNT		R	
		APPN		Fund		NACUBO Sub-Fund		Grant number		Grant year/phase		Project number		Project phase		Contract number		Multipurpose code					
		Invoice number		Description																			
19. SER/DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES										21. QUANTITY		22. UNIT PRICE		23. AMOUNT							
Dec. 1, to Dec. 31, 1999		Services performed in accordance with the Women, Infants, and Children Program Contract Between the Texas Department of Health and the Cameron County Health Department for the period of 12/01/99 to 12/31/99.																					
		Administration 119,762.86																					
		Breast-Feeding 3,840.38																					
		Nutrition Education 56,583.72																					
		Breast Pump Expenses PO dated 10/21/99 50 pumps @ \$11.30 ea.										\$565.00											
																180,186.96 ✓							
																565.00							
24. Contact name Margie Castaneda				Phone (Area code and number) (956) 399-5767				25. Entered by															
26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were Purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.																							
Approved sign here		Phone (Area Code and number)										Date											
Fiscal Approved sign here		Phone (Area Code and number)										Date											